Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

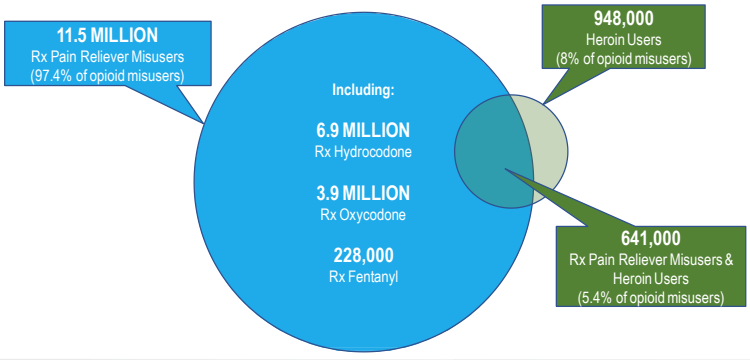
Current Substance Use Disorder Trends

SAMHSA HRSA Health Resources & Services Administration integration.samhsa.gov

OPIOID'S GRIP: MILLIONS CONTINUE TO MISUSE RX PAIN RELIEVERS

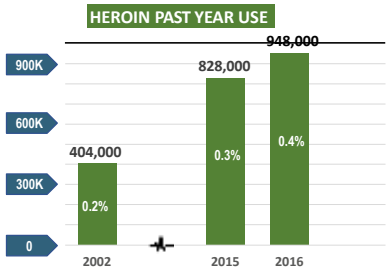
PAST YEAR, 2016, 12+

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)



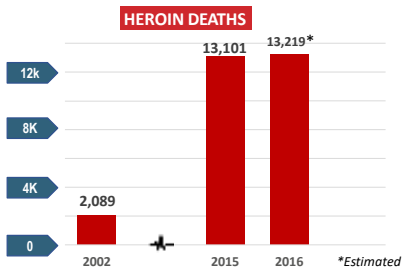
SAMHSA

HEROIN DEATHS HAVE SKYROCKETED



230% increase in heroin users

Source: SAMHSA

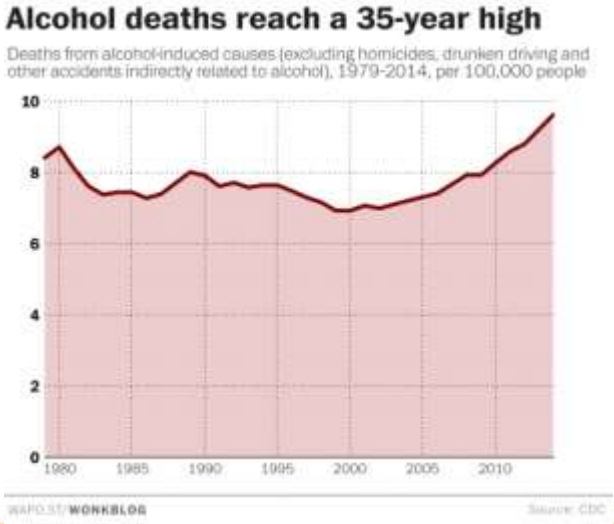


630% increase in heroin deaths

Source: CDC National Vital Statistics System (NCHS)

SAMHSA

Alcohol Related Deaths on the Rise



integration.samhsa.gov

Smoking: Still a Significant Problem

Tobacco use is the leading preventable cause of death and disease in the United States.*

Smoking-related illness in the United States costs more than $300 billion each year, including:

- Nearly $170 billion for direct medical care for adults
- More than $156 billion in lost productivity, including $5.6 billion in lost productivity due to secondhand smoke exposure*

https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/coverage.pdf
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/

Medication Assisted Treatment

"We have highly effective medications, when combined with other behavioral supports, that are the standard of care for the treatment of opiate addiction."

- *Michael Botticelli*
Former Director ONDCP

SAMHSA HRSA integration.samhsa.gov

Medications for Addiction Treatment

Alcohol:

- ❑ Naltrexone – oral
- ❑ Naltrexone (Vivitrol) – long-acting, injectable
- ❑ Acamprosate
- ❑ Disulfiram (Antabuse)

Opioids:

- ❑ Methadone
- ❑ Buprenorphine
- ❑ (pill, implant, injection)
- ❑ Naltrexone – oral
- ❑ Naltrexone (Vivitrol) – Long-acting, injectable

- ❑ **Smoking Cessation**
- ❑ Varenicline (Chantix)
- ❑ Bupropion(Wellbutrin,)
- ❑ NRTs

Medications/Pharmacotherapy for OUD

Medication	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense
Methadone	Daily	Orally as liquid concentrate, tablet or oral solution of diskette or powder.	SAMHSA-certified outpatient treatment programs (OTPs) dispense methadone for daily administration either on site or, for stable patients, at home.
Buprenorphine	Daily for table or film (also alternative dosing regimens)	Oral tablet or film is dissolved under the tongue	Physicians, NPs and PAs with a federal waiver. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waivered physician.
Probuphine (buprenorphine implant)	Every 6 months	Subdermal	
Sublocade (buprenorphine injection)	Monthly	Injection (for moderate to severe OUD)	
Naltrexone	Monthly	Intramuscular (IM) injection into the gluteal muscle by a physician or other health care professional.	Any individual who is licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.

Adapted from Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide (SMA14-4892R)

Research Findings on Medications/Pharmacotherapy for OUD

Treatment with methadone or buprenorphine has shown to be associated with more than 60% reduction in the incidence of hepatitis C virus infection compared to no treatment.*

For pregnant women with OUD, the perinatal use of either methadone or buprenorphine, within comprehensive treatment is the most accepted clinical practice.*

- "Abrupt discontinuation of opioid use during pregnancy can result in premature labor, fetal distress, and miscarriage. Pregnant women who stop using opioids and subsequently relapse are at greater risk of overdose death and places the fetus at increased risk of harm." [7]

Extended Release Injectable Naltrexone has shown clinical efficacy for maintaining abstinence, achieving medication adherence, maintaining retention in treatment, protecting against reestablishment of opioid physical dependence, and reduces craving for opioids for some individuals.*

Schwartz et al., "Opioid Agonist Treatments"; Judith I. Tsui et al., "Association of Opioid Agonist Therapy With Lower Incidence of Hepatitis C Virus Infection in Young Adult Injection Drug Users," JAMA Internal Medicine 174, no. 12 (2014): 1974–81

Stacey, K. L.., Isaacs, K., Leopold, A., Perpich, J., Hayashi, S., Vender, J., Campopiano, M., Jones, H. E. (2017). Treating Women Who Are Pregnant and Parenting for Opioid Use Disorder and the Concurrent Care of Their Infants and Children: Literature Review to Support National Guidance. Journal of Addiction Medicine, 11(3), 178-190.

Substance Abuse and Mental Health Services Administration. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.

Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide SAMHSA 2015

Medications Are

- ❑ A resource for assisting in the treatment of substance use disorders
- ❑ A resource to provide higher quality and cost effective care for clients with complex behavioral health needs
- ❑ A supplement to existing behavioral health treatments for substance use disorders

Yet, 54% of addiction treatment programs have no physician*

*Knudsen HK, Abraham AJ, Oser CB. Barriers to the implementation of medication-assisted treatment for substance use disorders: the importance of funding policies and medical infrastructure. *Eval Program Plann.* 2011;34(4):375-381.

Why Implement MAT Services in Integrated Care Settings?

Substance Use Disorders (SUD) in Primary Care

- Substance abuse is prevalent in primary care
- SUDs add to overall healthcare costs, especially for Medicaid
- SUDs can cause or exacerbate other chronic health conditions
- SUD interventions can reduce healthcare utilization and cost
- Medication-assisted therapies (MAT) in primary care can seamlessly be expanded to treat SUD
- On-site and in-home services are stronger than a referral to services

Kaiser Study: Patients in a treatment group for SU disorders had a 26% reduction in cost, from $239 PMPM to $208 PMPM, with reduced ER and hospitalizations post treatment

Key Components of Integration

Common elements highlighted across models have been summarized extensively in the policy literature and include:

- Screening for behavioral disorders using validated screening tools
- Team-based care with non-physician staff to support primary care physicians (PCPs) and co-manage treatment
- Shared information systems that facilitate coordination and communication cross providers
- Standardized use of evidence-based guidelines
- Systematic review and measurement of patient outcomes using registries and patient tracking tools
- Engagement with broader community services
- Individualized, person-centered care that incorporates family members and caregivers into the treatment plan

icer-review.org/wp-content/uploads/2016/01/BHI-CEPAC-REPORT-FINAL-VERSION-FOR-POSTING-MARCH-231.pdf

Are you Ready Implement MAT Services in Integrated Care Settings?

Getting Ready for Implementation: MAT Implementation Checklist

Key areas of consideration before engaging in efforts to increase access to medication assisted treatment (MAT)

- Economic Environment
- Treatment Environment
- Workforce
- Regulatory Barriers
- Cultural Environment (Attitudes, Stigma)

MAT Implementation Check List

CIHS MAT Ready Assessment Tool (Draft)

The following series of draft questions review major areas that determine your organization's readiness to implement MAT. The questions are organized into five key sections:

- **Organizational readiness**
- **Economic/regulatory readiness**
- **Workforce readiness**
- **Community readiness**
- **Patient and caregiver readiness**

Each section includes a series of questions regarding areas to be considered before implementing a successful and sustainable MAT program.

Organizational Readiness (Draft)

Question/Area of Consideration	Not Ready	In Progress	Ready
Does your organizational leadership, including your board of directors, support the use of MAT? • Could they benefit from gaining further information about MAT? • Are there opportunities for sharing this information with your board?			
Do you have data that would demonstrate the potential benefit to the people you serve of offering MAT, including information on comorbid conditions and medication use?			
What MAT services will you offer (opioid use disorder, alcohol use disorder, smoking cessation)?			
Who will you offer services to? • All patients? • Those with comorbid mental health disorders? (see example below) • Those with comorbid chronic medical conditions?			
Do you have a plan to provide or connect patients to appropriate counseling and other behavioral health services?			
How will you implement the most current guidelines for the use of MAT?			
Do you have a quality assurance protocol for supporting and maintaining these new practices?			
Does your infrastructure support requirements (e.g., appropriate clinical space, storage) for offering MAT services?			
Total (count)			

Economic/Regulatory Readiness (Draft)

Question/Area of Consideration	Not Ready	In Progress	Ready
What do Medicaid and commercial insurers require for the use of MAT in your state? • Are there limitations on who can prescribe MAT, the length of time patients can use MAT, and/or the type of formulations patients may receive?			
Do Medicaid formularies include all MAT formulations (e.g., injectable naltrexone, sublingual buprenorphine)?			
Does the state view the use of MAT as an evidence-based practice? (Some states require that clinicians follow evidence-based practices to be reimbursed under Medicaid and private insurance.)			
Are you aware of the typical out-of-pocket cost for the medications, and are your patients able to afford these costs? • If not, are you aware of ways you may be able to offset these costs for patients who need assistance?			
Are clinicians eligible to receive Medicaid or commercial insurance reimbursement? • Are they on preferred provider lists for commercial insurers and Medicaid managed care programs?			
Will clinicians be reimbursed for clinical services required for MAT, such as physical examinations and laboratory tests?			
Total (count)			

Workforce Readiness (Draft)

Question/Area of Consideration	Not Ready	In Progress	Ready
How do current employees view MAT? • How supportive are they? • Do they need education to understand the benefits of adding a medication to current substance use disorder treatments?			
Are there attitudinal barriers to the use of MAT in your state and community? If so, what are they?			
Does your agency have an appropriately trained team (physician, PA, nurse practitioner, nurse, care coordinator, and behavioral health specialist) to administer medication and the associated behavioral health services?			
How will you access prescribers? • Will the prescribers be internal or contracted? • Full- or part-time? • How will you train them? • How will you retain them in the practice?			
What are the state regulations required to implement a MAT program, particularly scope of practice and necessary certifications? (For instance, some states require that physicians conduct the clinical assessment rather than nurses or social workers.)			
How will you provide on-going training and supervision to your staff?			
Total (Count)			

Community Readiness (Draft)

Question/Area of Consideration	Not Ready	In Progress	Ready
How will you work with consumer groups and advocates to increase demand for and knowledge of MAT in the substance use disorder community?			
What other treatment programs in your region and state currently provide MAT? • How well do clinicians in your area accept the "medical model" of treatment for substance use disorders?			
Do you have relationships with other organizations that can provide additional treatment supports and resources? • Are you able to contract with any of these other providers as a referral resource?			
Is your organization a member of any group or association that supports the use of medications (e.g., primary care associations)?			
Are state and local legislators aware of the evidence behind MAT? • If not, how will you educate them? • How will you work with legislators to advocate for and improve the financing and regulatory environment for implementation of MAT?			
Total (count)			

Patient/Caregiver Readiness (Draft)

Question/Area of Consideration	Not Ready	In Progress	Ready
Are there patient/caregiver barriers to the use of MAT? (These may include attitudinal barriers, out-of-pocket costs, difficulties with transportation to appointments, and difficulty with the side effects of taking the medication.) • Who will provide leadership to develop and implement plans to overcome these barriers?			
How do you assess patient and caregiver knowledge or understanding of substance use disorders and MAT?			
How will you educate patients and caregivers about the risks and benefits of MAT and its place within the treatment continuum?			
How do you assess a patient's support network? • Are you aware of the options for mutual support groups in your community?			
Is there a mechanism for you to receive feedback from patients/caregivers regarding the quality of your services?			
Total (count)			

What's Next? Move from Readiness to Action

Take a look at where your responses fall in each section. Your responses should give you a clear picture of where you have knowledge gaps and point out potential barriers to success. Depending on what gaps you've identified, your next step may be to share further information with staff or your agency leadership, or form a plan to educate community members and leaders.

Web-Based Resources

SAMHSA's Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT)

Educates providers on the most effective medication-assisted treatments to serve patients in a variety of settings.

https://pcssmat.org/

Prescribers' Clinical Support System for Opioid Therapies (PCSS-O)

A national training and mentoring project that provides a variety of no cost CME programs on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.

https://pcss-o.org/

SAMHSA Opioid Overdose Prevention Toolkit

This toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. Access reports for community members, prescribers, patients and families, and those recovering from opioid overdose.

https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/All-New-Products/SMA16-4742

Web-Based Resources Continued

National Institute on Drug Abuse (NIDA)

Our mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis

https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio

CDC Overdose Prevention Resources

The best ways to prevent opioid overdose deaths are to improve opioid prescribing, reduce exposure to opioids, prevent misuse, and treat opioid use disorder.

https://www.cdc.gov/drugoverdose/prevention/index.html

SAMHSA Behavioral Health Treatment Services Locator

The Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

https://findtreatment.samhsa.gov/

Questions

CONTACT INFORMATION

Aaron M. Williams, MA
aaronw@thenationalcouncil.org
202-684-7457 x 247